

Membership Application

Membership Type: Family Individual Military 08055 First Responder

Primary/Military Member First Name:		Last Name:		Raptor Status Check: <input type="checkbox"/>	
Date of Birth:		Email:			
Home Phone:		Cell Phone:			
Address:					
City, State, Zip:					
Vehicle Make & Model:		License Plate #:		Vehicle Sticker: <input type="checkbox"/>	
Gate Key 1 #: _____ <input type="checkbox"/>		Membership Tag: <input type="checkbox"/>		Terms of Use Signed: <input type="checkbox"/>	
Secondary Member First Name:		Last Name:		Raptor Status Check: <input type="checkbox"/>	
Date of Birth:		Email:			
Home Phone:		Cell Phone:			
Vehicle Make & Model:		License Plate #:		Vehicle Sticker: <input type="checkbox"/>	
Gate Key 2 #: _____ <input type="checkbox"/>		Membership Tag: <input type="checkbox"/>		Terms of Use Signed: <input type="checkbox"/>	
Additional Family Members:		*Date of Birth:	Membership Tag:	*Raptor Status Check & Terms of Use Signed (18+):	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Use Only				Registration Dept.	
Total Fee: \$		Date Received:		Expires:	
Method of Payment:		Received By:		Deactivated: <input type="checkbox"/>	
Military ID shown: <input type="checkbox"/>				Entered by:	

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Membership Terms of Use Acknowledgment

YMCA of the Pines (YMCA) conducts its programs with the best interests of all participants in mind. The YMCA attempts at all times to run programs that are instructional, enjoyable and safe. Further, the activities of the YMCA are designed to advance the educational, motivational and charitable objectives of the YMCA. Nonetheless, participants must understand that some of the activities of the YMCA may involve inherent risks and hazards for which the YMCA cannot be held responsible. Because of the nature of YMCA activities, injuries may still result even after reasonable precautions have been taken. It is acknowledged that the YMCA cannot be held responsible in the event that injury occurs. The undersigned represents that there are no known legal, physical or health reason why he or she or the participating child (if the participant is a minor) cannot fully participate in the registered program.

The undersigned grants YMCA of the Pines full rights to copyright, exhibit, and publish in any medium including, but not limited to, editorial, illustration, promotion, advertising, Internet or trade, all photographs, taken by the YMCA and its agents, of me and/or my child while participating at the YMCA's events. Finally, by signing below, the undersigned hereby acknowledges that it is understood that YMCA of the Pines is a nonprofit corporation, organized exclusively for charitable and educational purposes, and as such, is immune from liability for the negligence of its agents, servants or employees under N.J.S.A. 2A:53A-7. I further agree that I have read, understand, and agree to follow the Terms of Use listed in the membership application.

Primary Member Signature: _____ Date: _____
(18 years or older)

Secondary Member Signature: _____ Date: _____

Primary Member Race: White Black or African American Hispanic/Latino Asian Native Hawaiian or other Pacific Islander American Indian or Alaskan Native Two or more Decline Response

Secondary Member Race: White Black or African American Hispanic/Latino Asian Native Hawaiian or other Pacific Islander American Indian or Alaskan Native Two or more Decline Response

Additional Member #1 Race: White Black or African American Hispanic/Latino Asian Native Hawaiian or other Pacific Islander American Indian or Alaskan Native Two or more Decline Response

Additional Member #2 Race: White Black or African American Hispanic/Latino Asian Native Hawaiian or other Pacific Islander American Indian or Alaskan Native Two or more Decline Response

Additional Member #3 Race: White Black or African American Hispanic/Latino Asian Native Hawaiian or other Pacific Islander American Indian or Alaskan Native Two or more Decline Response

Additional Member #4 Race: White Black or African American Hispanic/Latino Asian Native Hawaiian or other Pacific Islander American Indian or Alaskan Native Two or more Decline Response